Approved for

PTO/SB/22 (10-00) se through 10/31/2002. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE it displays a valid OMB control number.

Docket Number (Optional) 07574.0066.PCUS00

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| RET | TRADEMARK. | 1 |

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

| | In re Application of CARLSSON | | | | | | | | | |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|-------------------------|-------------|--------------------|------|--------|--|--|
| | | | Application Number | 09/882 692 | Filed C | 06/15/2001 | | ' V | | |
| For LOADING COMPARTMENT | | | | | | | 11.1 | In me | | |
| | | | Group Art Unit 3612 | Examiner COLETTA, L. | | | | | | |
| | | est under the provisione above identified ap | | a) to extend the p | eriod for f | filing a | 111 | Maria | | |
| | • | d extension and appro eriod desired): | opriate non-small-enti | ty fee are as follo | ows | | | No Mi | | |
| | | One month (37 CFR | t 1.17(a)(1)) | | | \$ | | | | |
| | \boxtimes | Two months (37 CF | R 1.17(a)(2)) | | | \$ <u>410.00</u> | | | | |
| | | Three months (37 C | FR 1.17(a)(3)) | | | \$ | | | | |
| | | Four months (37 CF | FR 1.17(a)(4)) | | | \$ | ļ | | | |
| | | Five months (37 CF | R 1.17(a)(5)) | | | \$ | | | | |
| □ □ □ | Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | |
| assignee of record of the | | | ne entire interest. See | e 37 CFR 3.71 | | `~~ | | 1 2003 | | |
| | ; | Statement under 37 C | CFR 3.73(b) is enclose | ed. (Form PTO/S | SB/96). | GR | OU# | 3600 | | |
| | ⊠ att | torney or agent of rec | ord. | | | | - " | 0000 | | |
| | ☐ att | torney or agent under | 37 CFR 1.34(a). | | | | | | | |
| | | Registration number if ac | cting under 37 CFR 1.34(a). | · | | | | | | |
| | | nformation on this to on this form. Provi | · • · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | 04/07/2003 Date | | | / \ \ ` | nature W. Druce | | | | |
| | | | | T | yped or p | rinted name | | | | |

*Total of 1 forms are submitted. Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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forms if more than one signature is required, see below*.